PART B - FEE(S) TRANSMITTAL

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6TH FLOOR			I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
WASHINGTON, I 1/18/2006 #BEYENE2 000	OC 20005)00174 10702044			transmitted to the OS	PIO (5/1) 2/3-2885, on the	(Depositor's name)
FO.4EA4	300.00 OF	ı			·	(Signature)
FC:1504 FC:8001	30.00 OF	ļ				(Date)
FL APPLICATION NO.	FILING DATE	FIRST NAMED IN		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/702,044	11/06/2003	Ilya l		Fine	25815	7398
TITLE OF INVENTION: M	ETHOD AND SYSTEM FO	OR NON-INVASIN	E DETERN	MINATION OF BLOOD-RELA	ATED PARAMETERS	
APPLN. TYPE	PPLN. TYPE SMALL ENTITY ISSU		EE.	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$300	\$1000	02/06/2006
EXAMINER		. ART UNIT		CLASS-SUBCLASS]	
WINAKUR, ERIC FRANK		3735		600-316000		
1. Change of correspondence CFR 1.363).			(1) the na	nting on the patent front page, I		Associates PLI
	ence address (or Change of 22) attached.		or agents OR, alternatively, (2) the name of a single firm (having as a member a			
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATEN	Γ (print or type)		
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NOT	lata will app a substitute	ear on the patent. If an assign for filing an assignment.	nee is identified below, the d	document has been filed for
(A) NAME OF ASSIGNEE		(B)	(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
Orsense Ltd.			Rehovot, ISRAEL			
Please check the appropriate	assignee category or catego	ries (will not be pri	nted on the p	patent): 🔲 Individual 🕱	orporation or other private gr	oup entity Government
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MIssue Fee		1	A check in the amount of the fee(s) is enclosed.			
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Advance Order - # 01	Copies		Deposit Acc	ount Number $14-011$	harge the required fee(s), or 2 (enclose an extra c	credit any overpayment, to copy of this form).
 Change in Entity Status a. Applicant claims St 	(from status indicated above MALL ENTITY status. See 2	•	b. Applic	ant is no longer claiming SMA	LL ENTITY status. See 37 C	FR 1.27(p)(2)
The Director of the USPTO	s requested to apply the Issublication, Fee (if required) v	e Fee and Publicati	ion Fee (if an	ny) or to re-apply any previousle other than the applicant; a reg	ly paid issue for to the applica	tion identified at
Authorized Signature	f h	¥~		Date_Ja	anuary 17, 20	06
Typed or printed name Susan Hopkins			Registration No. 33,247			
this form and/or suggestions	for reducing this burden, shain 22313-1450. DO NOT's	ould be sent to the	chief Inform	to obtain or retain a benefit by lection is estimated to take 12 loon the individual case. Any conation Officer, U.S. Patent and DFORMS TO THIS ADDRESS	mments on the amount of the	me you require to complete



MAIL STOP ISSUE FEE

Attorney Docket: 25815 Date: January 17, 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Art Unit: 3735

FINE, et al.

Examiner: WINAKUR, E.F.

Serial No.:

10/702,044

Filed:

November 6, 2003

Title:

METHOD AND SYSTEM FOR NON-INVASIVE DETERMINATION OF

BLOOD-RELATED PARAMETERS

TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Submitted herewith for filing in the U.S. Patent and Trademark Office is the following:

- Part B-Issue Fee Transmittal;
- 2) Check No.: (ISIT) in the Amount of \$ 1,030.00 for Issue, Publication, and Advanced Ordered Copies Fee Payments as a Small Entity.

The Commissioner is hereby authorized to charge any deficiency or credit any excess to Deposit Account No. 14-0112.

Respectfully submitted, NATH & ASSOCIATES PLLC

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Customer No. 20529

NATH & ASSOCIATES PLLC 112 South West Street Alexandria, VA 22314 GMN/SH/le (IFFF)